

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

0077570

**DOCUMENT # 700912**

1. Entity Name

**TAMIAMI MEMORIAL POST NO. 8118, VETERANS OF FORE**

02-13-2001 90595 033 \*\*\*\*61.25

00001010



DO NOT WRITE IN THIS SPACE

Principal Place of Business 832 E VENICE AVE VENICE FL 34292	Mailing Address 832 E VENICE AVE VENICE FL 34292
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>59-1089975</b>	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**WRIGHT, BERT**  
**1216 1/2 PINELAND AVE.**  
**VENICE FL 34292**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, BERT</b>	
STREET ADDRESS	<b>1216 1/2 PINELAND AVE.</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PAYNE, DONALD</b>	
STREET ADDRESS	<b>368 CENTER RD</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GULITTI, JOHN P</b>	
STREET ADDRESS	<b>243 MOSS LANE</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLEMSON, CHARLES W</b>	
STREET ADDRESS	<b>2305 GOVA DRIVE</b>	
CITY-ST-ZIP	<b>OSPREY FL 34275</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOWAT, JAMES</b>	
STREET ADDRESS	<b>953 INDIANA E.</b>	
CITY-ST-ZIP	<b>VENICE, FL 34292</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWRY WILLIAM M.</b>	
STREET ADDRESS	<b>905 LAUREL AVE</b>	
CITY-ST-ZIP	<b>VENICE, FL 34292</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUTCLIFFE, JOSEPH M. JR.</b>	
STREET ADDRESS	<b>963 ROUGEBAU E.</b>	
CITY-ST-ZIP	<b>VENICE, FL 34292</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BERT WRIGHT** 2-10-01 941-484-8118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)